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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

|                        |                      | _ |
|------------------------|----------------------|---|
| Application Number     | 09/841,571           |   |
| Filing Date            | 4/24/2001            |   |
| First Named Inventor   | Shinji Tsujio        |   |
| Art Unit               | 1714                 |   |
| Examiner Name          | Shosho, Callie E.    |   |
| Attorney Docket Number | A32701-A 072561.0154 |   |

| To: Commissioner fo<br>P.O. Box 1450<br>Alexandria, VA 22   |  |                                |                               |  |              |                         |  |  |
|---|--|--------------------------------|-------------------------------|--|--------------|-------------------------|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and  |  |                                |                               |  |              |                         |  |  |
| all the attorneys/agents of record.   |  |                                |                               |  |              |                         |  |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or  |  |                                |                               |  |              |                         |  |  |
| the attorneys/agents associated with Customer Number 21003  |  |                                |                               |  |              |                         |  |  |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. |  |                                |                               |  |              |                         |  |  |
| The reasons for this request are:   |  |                                |                               |  |              |                         |  |  |
|   |  |                                |                               |  |              |                         |  |  |
| CORRESPONDENCE ADDRESS  |  |                                |                               |  |              |                         |  |  |
| 1. The correspondence address is NOT affected by this withdrawal.   |  |                                |                               |  |              |                         |  |  |
| 2. Change the correspondence address and direct all future correspondence to:   |  |                                |                               |  |              |                         |  |  |
| The address associated with Customer Number:  |  |                                |                               |  |              |                         |  |  |
| OR  |  |                                |                               |  |              | _                       |  |  |
| Firm or Individual Name   | Kratz, Quintos and Hanson LLP  |                                |                               |  |              | <u> </u>                |  |  |
| Address   | 1420 K Street, N.W.<br>Suite 400   |                                |                               |  |              |                         |  |  |
| City  | Washington   | State                          | DC                            |  | Zip          | 20005                   |  |  |
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| Telephone   | (202) 659-2930   |                                |                               | Email  |              |                         |  |  |
| Signature   Signature   Name   Jeffrey D Sul  | My D. Auer   |                                |                               | The state of the s |              |                         |  |  |
| 5   | 2  |                                |                               | Registration No.   | 43,170       |                         |  |  |
| 00.0001 00, 2001  |  |                                |                               | Telephone No.  | 212.408.2589 |                         |  |  |
| NOTE: Withdrawai is eπective wind date of a time period for responsi  | hen approved rather than when received. Unle<br>e or possible extension period, the request to w | iss there are<br>withdraw is i | ) at least 30<br>normally dis | ) days between approv<br>sapproved.  | al of withdr | awal and the expiration |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.